

520 Lafayette Road North St. Paul, MN 55155-4194

wq-wwists4-31b • 4/28/2021

Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspector must submit concreared form to Local Governments. The JLGH and system stenes will be in owing final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf.

Property information	Local tracking number:
Parcel ID# or Sec/Twp/Range: 35.030.21.44.0020	Reason for Inspection property sale
ocal regulatory authority info: Washington County	
roperty address: 6120 Lake Elmo Ave N Grant, MN 55082	
wner/representative: Ryan Halverson	Owner's phone: <u>651-402-2662</u>
rief system description: Two precast septic tanks with a precas	st pump tank lifting to a pressure bed drainfield.
ystem status	
ystem status on date (mm/dd/yyyy): _5/15/2023	_
□ Compliant – Certificate of compliance*	☐ Noncompliant – Notice of noncompliance
Valid for 3 years from report date unless evidence of an minent threat to public health or safety requiring removal and	Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.
batement under section 145A.04, subdivision 8 is discovered or	An imminent threat to public health and safety (ITPHS) must be
a shorter time frame exists in Local Ordinance.)	upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance or
Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not	under section 145A.04 subdivision 8.
guarantee future performance.	
Reason(s) for noncompliance (check all application	ble)
Impact on public health (Compliance component #1) – Imminent threat to public health and safety
☐ Tank integrity (Compliance component #2) – Failing	g to protect groundwater
Other Compliance Conditions (Compliance compor	nent #3) – Imminent threat to public health and safety
Other Compliance Conditions (Compliance compor	nent #3) – Failing to protect groundwater
System not abandoned according to Minn. R. 7080	.2500 (Compliance component #3) – Failing to protect groundwater
☐ Soil separation (Compliance component #5) – Faili	ng to protect groundwater
Operating permit/monitoring plan requirements (Co	ompliance component #4) – Noncompliant - local ordinance applies
Comments or recommendations	
Reviewed design, permit, soil, inspection and pumping r	ecords on file at Washington County.
The viewed design, permit, don't make a sure of the first	
Certification	
i f i been nothoro	d to determine the compliance status of this system. No determination of
future system performance has been nor can be made due to unkn	anditions during system construction, possible abuse of the system.
	Own Conditions during system concludes the process of the conditions of the conditio
By typing my name below, I certify the above statements to be true	ue and correct, to the best of my knowledge, and that this information can be
By typing my name below, I certify the above statements to be truused for the purpose of processing this form.	ue and correct, to the best of my knowledge, and that this information can be Certification number: 323
By typing my name below, I certify the above statements to be truused for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien	ue and correct, to the best of my knowledge, and that this information can be Certification number: 323 License number: 1568
By typing my name below, I certify the above statements to be truused for the purpose of processing this form.	ue and correct, to the best of my knowledge, and that this information can be Certification number: 323 License number: 1568
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By typing my name below, I certify the above statements to be truused for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature:	Certification number: 323 License number: 1568 igned) Phone: 612-594-4496
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By typing my name below. I certify the above statements to be truesed for the purpose of processing this form. Business name: All State Septic Services LLC Inspector signature: Tom Trooien (This document has been electronically sometimes of the purpose of processing this form. Necessary or locally required supporting downward solutions. Solid observation logs. System/As-Built. Locally	Certification number: 323 License number: 1568 signed) Phone: 612-6 required forms

ess Name: _All State Septic Services LL	<u>C</u>		Date:	5/15/2023
pact on public health – Co	mplia	nce comp	onent #1 of 5	
Compliance criteria:			Attached supporting documentation	on:
System discharges sewage to the ground surface	☐ Yes	⊠ No	☐ Other: ☐ Not applicable	
System discharges sewage to drain ile or surface waters.	☐ Yes	⊠ No		
System causes sewage backup into welling or establishment.	☐ Yes	No No		
apy "yer" answer above indicates Immigent throat to putific health ar	the sym od cafety	rem is an		
Describe verification methods and	results:			
None of the above observed.				
nk integrity – Compliance	comn			
IIIK IIICEIILY COMBNAME	Comp	onent #2	of 5	
Tik meegitty compliance	Comp	onent #2		ion:
Compliance criteria:	COMP	onent #2	Attached supporting documentati	ion:
Compliance criteria:	□Yes			ion:
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit,			Attached supporting documentati	
Compliance criteria: System consists of a seepage pit,	☐ Yes	∕ ⊠ No	Attached supporting documentation ✓ Empty tank(s) viewed by inspector Name of maintenance business:	Pinky's
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their	☐ Yes		Attached supporting documentati	Pinky's iness: 1613
Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes	∕ ⊠ No	Attached supporting documentation ✓ Empty tank(s) viewed by inspector Name of maintenance business:	Pinky's
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Compliance criteria: System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Sewage tank(s) leak below their designed operating depth? If yes, which sewage tank(s) leaks: Any "yes" answer above India	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	No No No	Attached supporting documentation	Pinky's iness: 1613 5/15/2023 Attach) within three years) essment complies within three within t
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roperty Address: 6120 Lake Elmo Ave N Grant, MN 55082 usiness Name: All State Septic Services LLC	Date: 5/15/2023
Other compliance conditions – Compliance component #3 of 5	
3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or uns ☐ Yes ☐ No ☐ Unknown	secured?
3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safe	ety? 🗌 Yes 🛮 🛛 No 🔲 Unknow
"Yes to 3% or 3b - System is on imminent throat to public health and safety.	
3c. System is non-protective of ground water for other conditions as determined by inspector?	☐ Yes No
3d. System not abandoned in accordance with Minn. R. 7080.2500?	☐ Yes ⊠ No
'Yes in 3c or 3ti - System is failing to profess groundwater	
Describe verification methods and results:	
Attached supporting documentation: Not applicable	
. Operating permit and nitrogen BMP* – Compliance component #4	of 5 Not applicable
Operating permit and nitrogen BMP* – Compliance component #4 Is the system operated under an Operating Permit? □ Yes □ No	of 5 Not applicable If "yes", A below is require
Operating permit and nitrogen BMP* – Compliance component #4 Is the system operated under an Operating Permit? □ Yes □ No Is the system required to employ a Nitrogen BMP specified in the system design? □ Yes □ No	of 5 Not applicable
. Operating permit and nitrogen BMP* – Compliance component #4 Is the system operated under an Operating Permit? □ Yes □ No Is the system required to employ a Nitrogen BMP specified in the system design? □ Yes □ No BMP = Best Management Practice(s) specified in the system design	of 5 Not applicable If "yes", A below is requir If "yes", B below is requir
Operating permit and nitrogen BMP* – Compliance component #4 Is the system operated under an Operating Permit? □ Yes □ No Is the system required to employ a Nitrogen BMP specified in the system design? □ Yes □ No	of 5 Not applicable If "yes", A below is requir If "yes", B below is requir
Operating permit and nitrogen BMP* — Compliance component #4 Is the system operated under an Operating Permit?	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? BMP = Best Management Practice(s) specified in the system design If the answer to both questions is "no", this section does not need to be completed.	of 5 Not applicable If "yes", A below is require If "yes", B below is require
Operating permit and nitrogen BMP* — Compliance component #4 Is the system operated under an Operating Permit?	of 5 Not applicable If "yes", A below is requir If "yes", B below is requir
Is the system operated under an Operating Permit? Is the system required to employ a Nitrogen BMP specified in the system design? _ Yes _ No BMP = Best Management Practice(s) specified in the system design If the answer to both questions is "no", this section does not need to be completed. Compliance criteria: a. Have the operating permit requirements been met? _ Yes _ No b. Is the required nitrogen BMP in place and properly functioning? _ Yes _ No	of 5 Not applicable If "yes", A below is requir If "yes", B below is requir
Is the system operated under an Operating Permit?	of 5 Not applicable If "yes", A below is requir If "yes", B below is requir
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operty Address: 6120 Lake Elmo Ave N Grant, Nusiness Name: All State Septic Services LLC		Date: 5/15/2023
Soil separation – Compliance com	ponent #5 o	f 5
Date of installation $\frac{08/01/2017}{(mm/dd/yyyy)}$	Unknown	
Shoreland/Wellhead protection/Food beverage lodging? Compliance criteria (select one):	☑ Yes ☐ No	Attached supporting documentation: ☐ Soil observation logs completed for the report ☐ Two previous verifications of required vertical separations.
5a. For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:	☐ Yes ☐ No	☐ Not applicable (No soil treatment area)
Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.		
5b. Non-performance systems built April 1, 1996, or later or for non- performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment: Drainfield has a three-foot vertical separation distance from periodically	⊠ Yes □ No	Indicate depths or elevations A. Bottom of distribution media B. Periodically saturated soil/bedrock C. System separation D. Required compliance separation* 36"
saturated soil or bedrock.*		*May be reduced up to 15 percent if allowed by Local Ordinance.
5c. "Experimental". "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080. 2350 or 7080.2400 (Intermediate Inspector License required ≤ 2.500 gallons per day; Advanced Inspector License required > 2,500 gallons per day)	☐ Yes ☐ No	
Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.		

Describe verification methods and results:

Upgrade requirements: (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced. or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas. Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.



Soil Observation Log

v 03.15.2023

Project ID:

lient:		8	Ryan Halverson	rson			LC	Location / Address:	Iress:	6120 L	ake Elmo Ave N	6120 Lake Elmo Ave N Grant, MN 55082	
oil parent ma	oil parent material(s): (Check all that apply)	k all that i	apply)	Out	Outwash []	Lacustrine	Loess Till	Alluvium	Bedrock	Organic Matter		Disturbed/Fill	
andscape Position:	ition:				Slope %:		Stope shape:				Flooding/Run-On potential:	On potential:	
Vegetation:				Soil su	Soil survey map units:	units:	***************************************		S	urface Eleva	Surface Elevation-Relative to benchmark:	benchmark:	
ate/Time of I	ate/Time of Day/Weather Conditions:	onditions:		5/15/23	5/15/23 am clear						Limiting Lay	Limiting Layer Elevation:	
Observatio	Observation #/Location:	B-1	-					d0	Observation Type:	e:		Auger	
		Rock			:			\vdash	(*)		Structure	re	
Depth (in)	Texture	Frag. %	Matrix	Matrix Color(s)	Mottle	Mottle Color(s)	Redox Kind(s)) Indicator(s)		Shape	Grade	Consistence	ence
(3 C	10YR	272									
×,-)	loam	< 3.3											
0 70	fine sandy	<35	10YR 4/3	4/3									
61-0	loam	CC,											
		Ļ	10YR	4/4									
19-48	med sand	<55>											
	fine loamy	30	10YR	5/4	10YR	४/9	Concentrations	\$2					
48-60	sand	c\$>											
Comments:	Redox at 48"												
I hereby certi	hereby certify that I have completed this work in accordance with all	completed	this work	in accorda	ance with	all applica	applicable ordinances, rules and laws	rules and la	IWS.				
	Tom Trooien		1			Tom Trooien	ue			1568		5/15/23	23
(De	(Designer/Inspector)	r) w certify th	– at this soil	lobservatio	n was ver	(Signature)	(Signature) (Signa	382.0500 subp		(License #) ne signature belov	v represents an i	(Licerse #) The signature below represents an infield verification of the	e) of the
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Client:

Soil Observation Log

Project ID:

v 03.15.2023

Consistence 6120 Lake Elmo Ave N Grant, MN 55082 Flooding/Run-On potential: Surface Elevation-Relative to benchmark: |------ Structure------Limiting Layer Elevation: Organic Matter Disturbed/Fill Grade Shape Observation Type: Loess Trill Alluvium Bedrock Location / Address: Indicator(s) 22 \$2 Redox Kind(s) Stope shape: Concentrations Depletions Mottle Color(s) Outwash Lacustrine Soil survey map units: 7.5YR 6/8 10YR 5/2 Slope %: 5/15/23 am clear Matrix Color(s) Ryan Halverson 10YR 4/4 10YR 4/4 10YR 2/2 10YR 4/3 Soil parent material(s): (Check all that apply) Rock Frag. % Date/Time of Day/Weather Conditions: <35 <35 <35 <35 Observation #/Location: fine loamy med sand med sand Texture sand loam Landscape Position: Vegetation: Depth (in) 26-45 45-60 97-9 9-0

(Date)	(Cert #)	(Signature)	1 CH/Darismort Inchactori
n infield verification of the	(Liceibe #) The signature below represents a	(Designer/Inspector) Optional Verification: I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.	(Designer/Inspector) Optional Verification: I hereby certify that this soil observation was verified according periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.
5/15/23 (Date)	1568	Tom Trooien	Tom Trooien
		I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.	I hereby certify that I have completed this work
			Comments: Redox at 45"